



**TENNESSEE DEPARTMENT OF HEALTH  
BUREAU OF HEALTH LICENSURE AND REGULATION  
DIVISION OF HEALTH CARE FACILITIES  
227 French Landing, Suite 501  
Heritage Place Metrocenter  
Nashville, TN 37243  
Telephone (615) 741-7221  
Fax (615) 741-7051**

**ACLF RESIDENT RETENTION REQUEST**

This form shall be completed by any facility requesting an extension of the twenty-one days allowed by TCA 68-11-201(5)(B) and Board Rule 1200-8-25-.05(5). The facility requesting the extension must submit this form to the address listed above.

Name of Facility \_\_\_\_\_ Resident's Name \_\_\_\_\_

Please identify the reason for the 21 day extension

- ☐ Intravenous or daily intramuscular injections feeding  
☐ Gastronomy feedings  
☐ Insertion, sterile irrigation and replacement of catheters (except for routine maintenance of Foley catheters)  
☐ Sterile wound care  
☐ Treatment of extensive stage 3 or stage 4 decubitus ulcer or exfoliative dermatitis  
☐ Other

Please include a detailed summary of the resident's condition including how long the condition is expected to last.

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Signature and date of Resident's physician \_\_\_\_\_

Signature and date of Facility Administrator or Designee \_\_\_\_\_

*This section is to be completed by Department of Health*

Department of Health Physician Comments \_\_\_\_\_

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\_\_\_\_ Approved for \_\_\_\_\_

Physician signature and date \_\_\_\_\_

\_\_\_\_ Denied

Physician signature and date \_\_\_\_\_